MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

≡62-022985

STATE FILE NUMBER

Registration District No. _149_ Primary Registration District No. _1002_ Registrar's No. 2860

FILED JUN 21 1962

VS 300 Rev. 4/59	

DO NOT WRITE ON THIS STUB — **AMENDED** — DATE AMENDED

Stub column numbers: 1, 2 3822, 3, 4 0, 5 1, 6, 7 0, 8 1, 94200, 10, 11, 12 76-0, 13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT / MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 67 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital, K.C., Mo.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5718 Kenwood
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: JEROME Middle: P. Last: DOBEL

4. DATE OF DEATH — Month: May Day: 28, Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-30-94
9. AGE (last birthday): 67
IF UNDER 1 YEAR — Months / Days ; IF UNDER 24 HR — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Livestock Feeder
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (City and state or country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Luke Dobel
13b. MOTHER'S MAIDEN NAME: Ellen Carey
14. NAME OF HUSBAND OR WIFE: Ella R. Dobel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Official Records VA Hospital, K.C., Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerotic heart disease
DUE TO (c): ___
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary emphysema, Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I/VA attended the deceased from April 25, 1962 to May 28, 1962
Death occurred at 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T.J. Fritzlen M.D. T. J. Fritzlen, MD
22b. ADDRESS: VA Hospital, K.C., Mo.
22c. DATE SIGNED: 5-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-1-62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county): Kansas City, Missouri (State)

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: Woodland
25. DATE RECD. BY LOCAL REG.: 5-29-62
26. REGISTRAR'S SIGNATURE: Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _James E. Hackleman_

Signature of Student Embalmer

Licensed Embalmer No. 4593

P. O. Address K. C. Mo

  Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

  If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

  If this body is not embalmed, fact should be so stated above.